

Message Text

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ACTION EB-08

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R 161124Z JUN 78
FM AMEMBASSY ABIDJAN
TO DEPT OF TREASURY WASHDC
AMEMBASSY KHARTOUM
INFO SECSTATE WASHDC 9221

UNCLAS SECTION 1 OF 2 ABIDJAN 5769

DEPT PASS NAC AGENCIES

E.O. 11652: N/A
TAGS: AFDF, EAID, EFIN
SUBJ: AFRICAN DEVELOPMENT FUND LOAN FOR
SUDAN RURAL PRIMARY HEALTH PROJECT

SUMMARY: AFRICAN DEVELOPMENT FUND MANAGEMENT
PROPOSES 7 MILLION FUND UNIT OF ACCOUNT (FUA EQUAL
TO US \$1.11) TO THE GOVERNMENT OF THE DEMOCRATIC
REPUBLIC OF THE SUDAN TO FINANCE A PORTION OF
PROJECT AIMED AT IMPROVING RURAL PRIMARY HEALTH
CARE IN THE FOUR RURAL PROVINCES OF NORTH AND
SOUTH DARFUR, WHITE NILE AND BLUE NILE. PROJECT
INCLUDES CONSTRUCTION AND EQUIPPING OF 25
DISPENSARIES AND 125 PRIMARY HEALTH CARE UNITS
(PHCU). PROJECT DEVELOPED IN COOPERATION WITH
WHO. TOTAL COST OF PROJECT EQUAL TO FUA 7.8
MILLION TO BE CO-FINANCED WITH GOS. U.S. ALTERNATE
EXECUTIVE DIRECTOR RECOMMENDS AFFIRMATIVE NAC ACTION
BUT QUESTIONS HIGH AFDF LOCAL COST FINANCING.
REQUESTS EMBASSY COMMENT. END SUMMARY.
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1. AFDF DOCUMENT BF/78/50 AND ATTACHMENTS
DESCRIBING LOAN POUCHED TO NAC AGENCIES JUNE
12, 1978. REQUEST AMEMBASSY KHARTOUM CABLE ANY
VIEWS ON PROJECT TO ASSIST NATIONAL ADVISORY
COUNCIL DELIBERATIONS ON U.S. BOARD POSITION.
BOARD CONSIDERATION SCHEDULED FOR JUNE 29, 1978.

2. AFDF MANAGEMENT PROPOSES FUA 7 MILLION LOAN TO GOS TO FINANCE 90 PERCENT OF COST OF RURAL PRIMARY HEALTH CARE PROJECT COVERING FOUR PROVINCES OF THE COUNTRY. PROJECT COMPONENTS INCLUDE: A) CONSTRUCTION OF 25 DISPENSARIES EACH WITH TOILET FACILITIES AND STAFF QUARTERS FOR MEDICAL ASSISTANTS, B) CONSTRUCTION OF 125 PRIMARY HEALTH CARE UNITS WITH TOILET FACILITIES, C) ARCHITECTURAL AND DESIGN SERVICES, PREPARATION OF TENDER DOCUMENTS AND CONSTRUCTION SUPERVISION FOR DISPENSARIES AND HEALTH CARE UNITS, D) PROCUREMENT OF EQUIPMENT REQUIRED FOR DISPENSARIES AND PHCU'S, E) VEHICLES FOR TRANSPORTATION OF MEDICAL SUPPLIES AND MATERIALS, F) TECHNICAL ASSISTANCE FOR ESTABLISHMENT OF A PROJECT IMPLEMENTATION UNIT. TOTAL COST OF PROJECT IS ESTIMATED AT FUA 7.8 MILLION INCLUDING FUA 5.4 MILLION IN FOREX AND FUA 2.4 MILLION IN LOCAL COST. COST BREAKDOWNS ARE AS FOLLOWS: CONSTRUCTION, FUA 4.5 MILLION (75 PERCENT FOREX); EQUIPMENT, FUA 153 THOUSAND (ALL FOREX); DESIGN SERVICES, FUA 452 THOUSAND (LOCAL COST); TRANSPORTATION, FUA 103 THOUSAND (ALL FOREX); AND TECHNICAL ASSISTANCE, FUA 304 THOUSAND (60 PERCENT FOREX). IN ADDITION, COST ESTIMATES INCLUDE FIVE PERCENT ALLOWANCE FOR PHYSICAL UNCLASSIFIED

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CONTINGENCIES AND 35 PERCENT ALLOWANCE FOR PRICE ESCALATION. AFDF LOAN TO MEET ALL FOREX COSTS AND FUA 1.6 MILLION IN LOCAL COSTS. GOS TO MEET FUA 786 THOUSAND IN LOCAL COSTS EQUAL TO TEN PERCENT OF TOTAL PROJECT COST. PROJECT TO BE IMPLEMENTED OVER THREE AND ONE-HALF YEAR PERIOD. DESIGN WORK AND TENDER DOCUMENT TO BE PREPARED BY MINISTRY OF CONSTRUCTION AND PUBLIC WORKS. BECAUSE OF RURAL NATURE AND SMALL SIZE OF BUILDINGS, CONSTRUCTION TO BE UNDERTAKEN BY LOCAL CONTRACTORS UNDER SUPERVISION OF GOVERNMENT AGENCIES. EQUIPMENT AND INSTRUMENTS TO BE PURCHASED THROUGH UNICEF WHICH WILL ENSURE THAT ALL ITEMS ORIGINATE FROM AFDF STATE PARTICIPANTS. WORLD HEALTH ORGANIZATION TO MANAGE PROJECT IMPLEMENTATION UNIT (PIU). PROPOSED TERMS OF AFDF LOAN: 50 YEARS AMORTIZATION INCLUDING TEN YEARS GRACE, 0.75 PERCENT SERVICE CHARGE. GOS TO BE BORROWER, MINISTRY OF HEALTH TO BE EXECUTING AGENCY.

3. SUDAN WITH AN AREA OF 2.5 MILLION SQ. KM. IS THE LARGEST COUNTRY IN AFRICA. BASED ON THE LAST

CENSUS IN 1973, THE COUNTRY'S POPULATION ESTIMATE FOR 1978 IS APPROXIMATELY 16.5 MILLION AND IS GROWING AT A RATE OF 2.5 PERCENT PER YEAR. OVERALL POPULATION DENSITY IS 6 PERSONS PER SQ. KM, HOWEVER, THERE ARE VAST UNINHABITED AND SPARSELY POPULATED AREAS WHICH MAKE THE PLANNING OF EFFECTIVE HEALTH DELIVERY SYSTEMS DIFFICULT. THE GOS HAS EMBARKED ON A HEALTH PROGRAM TO PROVIDE MAXIMUM COVERAGE AND EQUITABLE DISTRIBUTION OF HEALTH SERVICES PARTICULARLY TO THE RURAL AND NOMADIC POPULATIONS.

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DEPT PASS NAC AGENCIES

WITH THE ASSISTANCE OF WHO, A NATIONAL HEALTH PROGRAM WAS DESIGNED WHICH CONTAINS EIGHT SPECIFIC PROGRAMS IN THE FIELD OF HEALTH AND RURAL DEVELOPMENT WITH PARTICULAR EMPHASIS ON PRIMARY HEALTH CARE DELIVERY SYSTEMS. A NUMBER OF DOCUMENTS HAVE BEEN PRODUCED INCORPORATING COST AND IMPLEMENTATION SCHEDULES ON A YEARLY BASIS FOR PROGRAM COMPONENTS IN ALL PROVINCES. THE OBJECTIVE OF THE COUNTRY'S PRIMARY HEALTH CARE PROGRAM (PHCP) IS TO ACHIEVE BY 1984, FULL COVERAGE OF THE ENTIRE POPULATION WITH PHCU'S, DISPENSARIES, HEALTH CENTERS AND HOSPITALS. PROVISION HAS BEEN MADE IN THE NATIONAL HEALTH PLAN TO HAVE ONE PRIMARY HEALTH CARE COMPLEX CONSISTING OF ONE DISPENSARY AND FIVE SATELITE PHCU'S FOR A RURAL POPULATION OF 24 THOUSAND PEOPLE WITHIN

A RADIUS OF ABOUT 16 KM. BASED ON THIS CRITERIA,
THE TOTAL ADDITIONAL REQUIREMENTS BY 1984 WILL
BE 1,362 PHCU'S AND 108 DISPENSARIES. THE
FUNDAMENTAL CONCEPT OF THE NATIONAL HEALTH CARE
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PROGRAM IS ONE OF COMMUNITY PARTICIPATION AND
SELF-HELP IN DEVELOPMENT OF THE RURAL CENTERS.
A NEW CADRE OF HEALTH WORKERS SELECTED BY THE
COMMUNITY WILL BE RESPONSIBLE FOR EACH PHCU,
WHILE DISPENSARIES WILL BE MANAGED BY MEDICAL
ASSISTANTS. HEALTH CARE WORKERS WILL BE TRAINED
IN BASIC CURATIVE AND PREVENTIVE MEASURES AS WELL
AS HEALTH EDUCATION AND RURAL DEVELOPMENT. THE
PLAN ENVISAGES SPECIAL ARRANGEMENTS FOR DELIVERY
OF PRIMARY HEALTH CARE TO NOMADIS POPULATIONS.
THE NATIONAL PLAN INCORPORATES IMMUNIZATION OF
CHILDREN AGAINST EPIDEMIC DISEASES AND THE
INTEGRATION OF CURATIVE AND PREVENTIVE MEDICINE
SINCE COMMUNICABLE ENDEMO-EPIDEMIC DISEASES ARE
HIGHLY PREVALENT IN THE SUDAN AND AFFECT
PARTICULARLY THE CHILD POPULATION. DISEASES
RESULTING FROM POOR ENVIRONMENTAL SANITATION
CONSTITUTE THE BULK OF HEALTH PROBLEMS.

4. THE AFDF SPONSORED PORTION OF THE GOVERNMENT'S
HEALTH PROGRAM IS EXPECTED TO STRENGTHEN SERVICES
IN AN AREA COVERING 486 THOUSAND SQ. KM. WITH A
POPULATION OF OVER 4.5 MILLION. EACH PHCU WILL
ATTEMPT TO MEET THE NEEDS OF NEARLY FOUR THOUSAND
PEOPLE. EACH PHCU WILL BE STAFFED BY ONE
COMMUNITY HEALTH WORKER WHO WILL BE GIVEN NINE
MONTHS TRAINING. HE WILL PERFORM A VARIETY OF
ACTIVITIES INCLUDING DIAGNOSIS AND TREATMENT OF
A NUMBER OF COMMON AILMENTS AND PREPARATION OF
REPORTS ON COMMUNICABLE DISEASES AND GENERAL
HEALTH CONDITIONS. HE WILL ALSO ADVISE THE
COMMUNITY ON WATER SUPPLY, DISPOSAL OF REFUSE,
NUTRITION BASED ON LOCAL FOODS, AND SANITATION.
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THE DISPENSARY FORMS THE SECOND LEVEL OF HEALTH
SERVICES IN RURAL AREAS. IT IS STAFFED BY A MEDICAL
ASSISTANT WITH TWO YEARS OF FORMAL TRAINING AND
5 YEARS EXPERIENCE. THE MEDICAL ASSISTANT IS
RESPONSIBLE FOR DIAGNOSIS AND TREATMENT OF MORE

COMPLICATED CONDITIONS WE WELL AS PEDIATRIC, DENTAL AND ESSENTIAL DRUG PRESCRIPTION SERVICES.

5. THE AFDF PROJECT COVERS FOUR RELATIVELY DEPRIVED PROVINCES OF THE SUDAN WHICH TOGETHER ACCOUNT FOR 28 PERCENT OF THE COUNTRY'S POPULATION. THE PROJECT PROVIDES 100 PERCENT OF THE NEEDED DISPENSARIES IN THREE OF THESE PROVINCES, BLUE NILE AND NORTH AND SOUTH DARFUR AND 42 PERCENT OF THE NEEDED DISPENSARIES IN WHITE NILE. THE PROJECT IS CONSIDERED FINANCIALLY VIABLE IN THAT THE GOS HAS MADE NECESSARY BUDGET ALLOCATION TO COVER RECURRING COSTS. PROJECT PROVIDES VILLAGERS WITH SIMPLE MEDICAL CARE NEAR THEIR HOME FOR THE FIRST TIME AND EFFECTIVELY ADDRESSES PREVENTATIVE ASPECTS OF RURAL HEALTH CARE.

COMMENT: U.S. ALTERNATE EXECUTIVE DIRECTOR SUPPORTS PROJECT AND RECOMMENDS AFFIRMATIVE NAC ACTION. HOWEVER, USAED QUESTIONS UNUSUALLY HIGH AFDF LOCAL COST FINANCING PARTICULARLY IN VIEW OF FACT THAT SIGNIFICANT PORTION OF PROJECT DESIGN AND EXECUTION WILL BE ACCOMPLISHED BY GOS AGENCIES AND LOCAL CONTRACTORS. USAED PLANS TO RAISE THIS POINT IN THE BOARD AND WOULD APPRECIATE EMBASSY'S PROVIDING NAC WITH ITS VIEWS ON PROPOSED FINANCING ARRANGEMENT. STEARNS

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